Certificate of Need Program
NEW HOSPITAL APPLICATION
Applicant's Completeness Checklist and Table of Contents

Project Name: _____   Project No.: _____

Project Description: _____

Done   Page   N/A   Description of CON Rulebook Contents

Divider I. Application Summary:

☐ ⎯ ☐   1. Applicant Identification and Certification (Form MO 580-1861).
☐ ⎯ ☐   2. Representative Registration (Form MO 580-1869).
☐ ⎯ ☐   3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

Divider II. Proposal Description:

☐ ⎯ ☐   1. Provide a complete detailed project description.
☐ ⎯ ☐   2. Provide a legible city or county map showing the exact location of the proposed facility.
☐ ⎯ ☐   3. Provide a site plan for the proposed project.
☐ ⎯ ☐   4. Provide preliminary schematic drawings for the proposed project.
☐ ⎯ ☐   5. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
☐ ⎯ ☐   6. Provide the proposed gross square footage.
☐ ⎯ ☐   7. Document ownership of the project site, or provide an option to purchase.
☐ ⎯ ☐   8. Define the community to be served.
☐ ⎯ ☐   9. Provide utilization estimates for the first three years of operation.
☐ ⎯ ☐ 10. Provide the methods and assumptions used to project utilization.
☐ ⎯ ☐ 11. Provide the proposed number of licensed beds by medical specialty.
☐ ⎯ ☐ 12. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
☐ ⎯ ☐ 13. Provide copies of any petitions, letters of support or opposition received.

Divider III. Service Specific Criteria and Standards:

☐ ⎯ ☐   1. Document the methodology utilized to determine the need for the proposed hospital.
☐ ⎯ ☐   2. Document that the current occupancy of other hospitals in the proposed geographic service area exceeds 80%.
☐ ⎯ ☐   3. Discuss the impact the proposed hospital would have on utilization of other the hospitals in the geographic service area.
☐ ⎯ ☐   4. Document the unmet need in geographic service area for each type of bed being. proposed according to the population-based formula where: Unmet need = (S x P) – U.

Divider IV. Financial Feasibility Review Criteria & Standards:

☐ ⎯ ☐   1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data" for new hospital construction.
☐ ⎯ ☐   2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
☐ ⎯ ☐   3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.
☐ ⎯ ☐   4. Provide Detailed Institutional Cash Flows (Form MO 580-1866) projected. through three (3) years beyond project completion.
☐ ⎯ ☐   5. Document how patient charges were derived.
☐ ⎯ ☐   6. Document responsiveness to the needs of the medically indigent.